PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to ollection of information unless it displays a valid OMB control number. **Application Number** 10/623,374 Filing Date TRANSMITTAL July 18, 2003 First Named Inventor **FORM** Phillip E. Cochran, D.V.M. Art Unit 2882 **Examiner Name** June Yen (to be used for all correspondence after initial filing) Attorney Docket Number COH 303

Total Number of Pages in This Submission 14 COH 303								
			EN	NCLOSURES (Check	all that apply	<u></u>		
x		ee Attached		Drawing(s)  Licensing-related Papers			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences	
<b>x</b>	Amendme Af Af Extension Express A	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	ce Address		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
	Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Rem	marks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
	Firm Name Kolisch Hartwell, P.C.							
Signature MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA								
	Printed name John M. McCormack							
Date		January 14, 2005			Reg. No.	26,94	48	
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
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Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 10/623,374 TRANSMIT Filing Date July 18, 2003 For FY 2005 Phillip E. Cochran, D.V.M. First Named Inventor **Examiner Name** June Yen Applicant claims small entity status. See 37 CFR 1.27 2882 Art Unit (\$) 760 TOTAL AMOUNT OF PAYMENT **COH 303** Attorney Docket No. METHOD OF PAYMENT (check all that apply) X | Check | Credit Card None Money Order Other (please identify): Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 150 80 300 Reissue 150 500 250 600 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 10 - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) 0 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Extension Fee 510 SUBMITTED BY Registration No. 26,948 Telephone (503) 224-6655 Signature

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**McCormack** 

Jolan M

Name (Print/Type)